

AIDS lecture March 6, 1988
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AIDS: What We All Need to Know
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It had been three days since I had last spoken in public about the epidemic of AIDS.

There was no better audience to address on the subject of AIDS than the National Association of Secondary School Principals. If we could get uniform understanding of that group and we could incorporate AIDS education with health education we would make a tremendous dent in the need for education for that age group.

I began by talking about the difficult times ahead that audience would face both as leaders of education and civic affairs if indeed, they were not already upon them. These issues were educational, moral, ethical, political, but all stimulated by the AIDS epidemic, which I said was potentially one of the worst infectious diseases ever to hit the human race. I used the word potential because I was hopeful that Americans with good sense and good science could overcome the unnecessary devastation.

Dr. Scott Thomson, who invited me to give this lecture had asked me on the phone, "What do you really have to know about this disease in order to protect yourself, your family and loved ones, and your school." So I had my marching orders.

I started with the first thing to know the AIDS virus was spreading. I gave statistics as of that time. In that past year from February 1986 to February of 1987 we had logged in 13,500 new cases, but that the most recent 12-month period we had logged in 23,000 new cases.

First, I went into some history about the early cases of pneumocystis carinii pneumonia and Kaposi's sarcoma, I talked about the epidemic from five cases to fifty-four thousand cases in less than seven years, but talked some about the varied demography in certain states and certain cities of the country.

The second thing that Dr. Thompson had to know was that AIDS was 100 per cent fatal. I gave some corroborative detail here mentioning that a third of the people who were reported with AIDS just the previous year had already died. The chances of one surviving AIDS, if you had it then, were not very good past the next two to three years.

A drug AZT was prolonging some lives, but certainly was far from what could be called a cure. We had no vaccine, no magic bullet. My warning was, “Don’t wait for a vaccine in making your plans; you will be sadly disappointed.”

Next, it is important to know that the virus – HIV—goes after two targets once it invades the human body: the brain and central nervous system that brings about deterioration, so, we can add dementia to the many things that AIDS does. The virus, however, had been doing its worse damage over the past six years on the white blood cells, which are the basis of our human immune system. Once those cells are destroyed, the person with the virus becomes an easy mark for the next infectious disease or cancer that comes along.

Corroborative detail here: pneumocystis carinii pneumonia, Kaposi’s sarcoma, cytomegaloviral infections, “valley fever” or progressive coccidioidomycosis, histoplasmosis, atypical tuberculosis, candidiasis of the esophagus and respiratory tract, ulcerative herpes, and on and on.

If the white cells are target for the AIDS virus, it stands to reason that the virus is a high concentration where such cells accumulate and they are found in two body fluids: blood and semen.

That led to a description of the modes of transmission including blood transfusions, which were no longer a real threat, because of our ability to identify the antibodies in a blood test for AIDS. Corroborative detail here: chances of getting AIDS from a blood transfusion are between 1 in 40,000 to 1 in 250,000 as compared to death on the highway, which was 1 in 5,900. That left me with the task of being specific. The three ways of transmission is sexual intercourse.

I always tried to make it clear, and I did here, that being homosexual does not make you susceptible to AIDS in itself, but homosexual behavior, especially including rectal intercourse does. But, as usual, I said we were fighting a disease and not the people who have it.

So, after transfusion and intercourse, the third way to get AIDS is to share needles or syringes in the abuse of intravenous drugs that have been used by an AIDS infected drug abuser.

The newborn baby is certainly an innocent and passive victim and we can’t direct much of our educational program to newborn infants, but there isn’t innocent or passive about the other activities mentioned that lead to the transmission of the virus.

As usual, I then reversed my course and gave all the reasons that do not produce the transmission of the virus, which, I think, always brought more comfort than knowing how the virus was passed. The natural segue then is to education and the fact that you can’t learn much about sexually transmitted disease unless you know something about your own sexuality and indeed, I said to this audience especially that had been one of the most difficult parts of the AIDS epidemic: having to tell young people the facts about personal and sexual relationships in the context of a horrible, fatal disease. It is a difficult message to deliver, but it’s a life-saving measure and we are duty bound to do so.

Other defenses of the virus exist. One is abstinence. It might not work for all adults, but it's not a bad idea for young people still in school. The alternative is really sex without caring, without responsibility, without justice, and without respect. That shouldn't be too hard to give up.

For those who don't see the logic of that position, the next best thing is the concept of monogamy. Indeed, a mutual monogamous relationship is the backbone of American morality. If neither of these practices is followed, then the only thing we have to offer for protection is a condom during sexual intercourse, but with the caveat that it is not one hundred per cent perfect. It must be used from start to finish during any sexual encounter, but it is only as good as the intelligence of the user. All of the above is all one really needs to know about the basic information concerning AIDS transmission.

If I offended this audience, I made it very clear that there was nothing in what I'd said about excluding students or teachers with AIDS from school; there were debates about testing – should it be voluntary or compulsory? There were probably 1.5 million people walking around with the virus without knowing it. Incidentally, I reported that surveys had indicated that in the community of homosexuals and bisexual men very serious and positive change in behavior had taken place. The future of I.V. drug abusers did not look very bright and in addition within that culture there was one catastrophe after the other including hepatitis, tuberculosis, dementia, starvation, suicide, and so on.

This is important information for the audience in question, because the secondary schools of the nation had been for years America's front line of defense against the scourge of drugs.

I closed with a quick recap of what I said and then ended on a note of optimism believing that we would overcome the disease of AIDS and would emerge from this terrible experience with our American ethos intact. It is interesting to be writing this in the year 2003 and to be able to say that as far as the United States is concerned, the various issues I raised about this epidemic not only in its biomedical sense, but in its social sense, had indeed come to pass and we did survive with our American ethos intact. However, that is not the situation globally, where the scourge of AIDS in sub-Saharan in Africa and parts of the Far East are in the beginning stages of an epidemic the like of which we have never even imagined in our wildest dreams.

Abstinence

AIDS & comparative risks

AIDS & the human immune system

AIDS education in schools

AIDS in the central nervous system

AIDS statistics for 1986, '87, '88

AIDS testing

AIDS the spread of the virus

AZT

Anal intercourse

Atypical tuberculosis

Candidiasis of the esophagus & the respiratory tract

Condoms

Cytomegaloviral infections

Dementia
Demography of AIDS by city & state
Difficult future in education & civic affairs
Drug education in schools
Educational moral, ethical & political challenges of AIDS
Elisa test
Fatality statistics of AIDS
Histoplasmosis
Homosexual & bisexual behavior
Kaposi's sarcoma
Leprosy
Measles
Modes of transmission of AIDS
Monogamy
Myths about the transmission of AIDS
No public health reason for exclusion of children from
school
No vaccine, no magic bullet
Pneumocystis carinii pneumonia
Polio
Safety of blood transfusion
Small pox
Spread of AIDS though I.V. drug abuse
Syphilis
Testing for AIDS
Transmission of AIDS to babies in utero or during birth
Ulcerative herpes
"Valley Fever" or progressive coccidioidomycosis
Voluntary vs. involuntary testing
Western Blot test

John Kourmadas
George Melton
Dr. Scott Thomson